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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MEDICAL PRACTICE

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REINSTATEMENT INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF DELAWARE

Dear Physician:

We are pleased to forward a reinstatement application to you. Please follow these instructions. If you have any questions, please contact the Delaware Board of Medical Practice at 302-744-4507 or at Victoria.Hall@state.de.us.

1. Application:

Please type (or print legibly) when completing the three-page application. You must read every question carefully and answer it thoroughly. Please note – Failure to answer any question or failure to answer any question truthfully may be considered falsification of your application for licensure and may lead to a denial of your application. Your application **must be notarized**. Please include the following with your completed application:

- Applicants must submit a check or money order payable to the "State of Delaware" for the pro-rated non-refundable fee. Please refer to the Fee Schedule for instructions on how to determine the correct fee.

2. Verification of Licensure in Good Standing:

The Delaware Board of Medical Practice requires primary source verification from all jurisdictions where you currently hold, or have ever held, a medical license, or training license. Check with the individual States to determine if any fee is involved. These reports must be sent from their office directly to the Delaware Board of Medical Practice office. Internet verifications or FAXED verifications will not be accepted. The Delaware Board of Medical Practice requires the official verification to bear the State Board seal.

3. Self-Query from the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB):

The Delaware Board requires a self-query from the NPDB and HIPDB. A self-query is a practitioner's request for information in the NPDB and HIPDB about himself or herself. All self-query requests are automatically submitted to both the NPDB and the HIPDB. A practitioner may self-query by completing and returning a signed and notarized *Practitioner Response to Information Disclosure (Self-Query)* form or by calling the NPDB Help Line at 1-800-767-6732 and providing pertinent data to an Information Specialist. This request can be found on the Internet at <http://www.npdb-hipdb.com/forms.html>.

The response to a practitioner's self-query application is mailed to your address on the application. If the mailing address is not identified, the response is sent to the practitioner's home address. Once you receive the response to the self-query report from the NPDB and HIPDB, review the information to ensure that it is accurate. If the report is correct, please mail the original report to the Delaware Board of Medical Practice office.

4. Continuing Medical Education:

Applicant must submit 40 hours of Category I AMA CME that has been accrued over the last 2 years.